



CITY of SAN ANTONIO

Development Services Department
1901 S. Alamo
San Antonio, Texas 78204

Telephone Number (210) 207-1111
Fax Number (210) 207-0102
www.sanantonio.gov/dsd

Date:	Address:	Zip Code:
Owner Name:	Home Phone:	Work Phone:
Is a BUILDING PERMIT required in conjunction with this work? YES [] or NO []		
Date work completed:		

Heating & Air Conditioning One- And Two-Family Limited Service and Repair Permit

Type of Equipment

Mechanical Inspection Fee: \$50.00

_____ 6.25	Air Handler	_____ 2.00	Duct Outlet (maximum two outlets)
_____ 6.25	Condensing Unit (# tons _____)	_____ 6.25	Electric Heat Strips
_____ 6.25	Condensing Unit/Heat Pump	_____ 6.25	Cooling Coil

Check one of the following: SEER 10 [] or SEER 12 [] Other []

Subtotal: _____ + 3% Technological Fee + 3% Development Services Fee = Total: _____

I, MASTER OF RECORD FOR THE ABOVE LISTED COMPANY, CERTIFY THAT THE WORK LISTED ON THIS PERMIT HAS BEEN COMPLETED BY THIS COMPANY AND IT COMPLIES WITH THE REQUIREMENTS OF THE SAN ANTONIO CODE AS AMENDED. I UNDERSTAND THE PROPERTY OWNER MAY REQUEST AN INSPECTION BY THE DEVELOPMENT SERVICES DEPARTMENT AND THAT I SHALL COMPLY WITH ANY REQUIREMENTS AS NOTED.

QUALIFIED SUPERVISOR'S SIGNATURE: _____ DATE: _____

Contractor Name:	Contractor ID#:	Escrow: YES [] or NO []
Master License Holder:	License #:	
Authorized Agent Name:	Contact ID#: AC	
Telephone:	Fax:	Email:
Other Contact ID# (s) associated with this permit:		